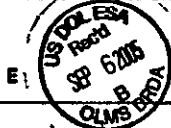


**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U.S.C. 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

<b>1</b> File Number U <u>13424</u>	<b>2</b> Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
<b>3</b> Name and address of person filing Name <u>David</u> <u>J</u> <u>Letinich</u>  P O Box, Bldg Room No if any <u>P O Box 12917</u>  Street _____  City <u>Mill Creek</u>  State <u>Washington</u> ZIP Code + 4 <u>98082-0917</u>	<b>4</b> Name file number and address of labor organization Name <u>Wa &amp; N Idaho District Council of Laborers</u>  Labor Organization File Number <u>000-131</u>  P O Box Building and Room Number if any <u>P O Box 12917</u>  Street _____  City <u>Seattle</u>  State <u>Washington</u> ZIP Code + 4 <u>98082-0917</u>
<b>5</b> Position in labor organization <u>District Council Representative</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

<b>A.</b> Held an interest in engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
<b>6.</b> Name and address of Employer (including trade name if any) Name _____  Trade Name if any _____  P O Box Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>7.a</b> Nature of Interest, Transaction, or Income  <u>N/A I have no recollection of any reportable gifts or meals from an Employer in the year 2004</u>  <b>7.b</b> Amount  _____

Signature

<b>18. Signature and verification.</b> The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>9/1/05</u> Date	<u>(425) 741-3556</u> Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Zenith Administrators

Trade Name if any Trust Administrator

P O Box Bldg Room No if any

Street 201 Queen Anne Avenue N Suite 100

City Seattle

State Washington ZIP Code + 4 98109 4896

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 10 If 9.b or 9.c is checked give trust or employer's name

Name Northwest Laborers Employers Trust Funds

Trade Name if any Health and Security/Training Trusts

P O Box, Bldg Room No if any

Street 201 Queen Anne Avenue N Suite 100

City Seattle

State Washington ZIP Code + 4 98109-4896

## 11 a Nature of such dealing

Between 6-13-04 and 6-16-04 I traveled to the International Foundation in Stateline Nevada for a New Trustee Training I was reimbursed and/or refunded for my expenses for the travel and food for that trip by the 2 Trust Funds listed Hotel was paid

## 11 b Approximate dollar value of such dealing

\$750

## 12 a Nature of interest held or income received

N/A

## 12.b Amount

\$0

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 14.a Nature of payment.

13 b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment.

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Zenith Administrators  
Trade Name if any Trust Administrator  
P O Box Bldg Room No if any  
Street 201 Queen Anne AvenueN Suite 100  
City Seattle  
State Washington ZIP Code + 4 98109-4896

## 9 Business deals with

- ☐ a Labor Organization  
☒ b Trust  
☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name Northwest Laborers Employers Trust Funds  
Trade Name if any Health and Security/ Training Funds  
P O Box Bldg Room No if any  
Street 201 Queen Anne N Suite 100  
City Seattle  
State Washington ZIP Code + 4 98109-4896

## 11 a Nature of such dealing

Between 1-18-04 and 1-22-04 I traveled to Orlando Florida for a TRI- Fund Conference My hotel meals and travel were refunded and/or reimbursed by the two Trust Funds listed

## 11 b Approximate dollar value of such dealing

\$2 154

## 12.a Nature of interest held or income received

N/A

## 12 b Amount

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Zenith Administrators

Trade Name if any Trust Administrator

P.O. Box Bldg. Room No. if any

Street 201 Queen Anne Avenue N Suite 100

City Seattle

State Washington ZIP Code + 4 98109-4896

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 10 If 9.b or 9.c. is checked give trust or employer's name

Name Northwest Laborers Employers Trust Funds

Trade Name if any Laborers Employers Health/Security

P.O. Box Bldg. Room No. if any

Street 201 Queen Anne Avenue N Suite 100

City Seattle

State Washington ZIP Code + 4 98109-4896

## 11 a Nature of such dealing

Between 9-19 and 9 22 2004 I attended a International Foundation of Employee Benefits Trustee Training in New Orleans Louisiana My Travel and meals were refunded and/or reimbursed by the Trust Fund Listed My hotel was paid directly by the Trust

11 b Approximate dollar value of such dealing

\$1 265

## 12 a Nature of interest held or income received

12 b Amount.

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Zenith Administrators

Trade Name if any Trust Administrators

P O Box Bldg Room No if any

Street 201 Queen Anne Avenue N Suite 100

City Seattle

State Washington ZIP Code + 4 98109-4896

## 10 If 9 b or 9 c is checked give trust or employer's name

Name Northwest Laborers Employers Trust Funds

Trade Name if any Health &amp; Security/ Training Funds

P O Box Bldg Room No if any

Street 201 Queen Anne Avenue N Suite 100

City Seattle

State Washington ZIP Code + 4 98109-4896

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 11 a Nature of such dealing

between 7-25 and 7-28-04 I attended Trust meetings for the listed trust funds in Chelan Wa My lodging was paid by thr trusts and most of my meals and expenses were also paid by the trust I was refunded/reimbursed for my out of pocket expenses for meals

## 11 b Approximate dollar value of such dealing

\$688

## 12 a Nature of interest held or income received

## 12 b Amount

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Laborers Health and Safty Fund (LSSF)

Trade Name if any

P O Box Bldg Room No if any

Street 905 16th Street Northwest

City Washington

State District of Columbia ZIP Code + 4 20006

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

Provides health and saftey benefits to LIUNA Members

7-12 04 Mr Buman bought me a meal while we were at a meeting

## 11 b Approximate dollar value of such dealing

\$40

## 12 a Nature of interest held or income received

## 12 b Amount

DAVID LETWICH



**ADDENDUM E [MEALS/EVENTS WITH FRIENDS]**

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exist separate and apart from my role as a union officer/employee. In 2004 it is conceivable that I received the benefit of a meal refreshment or social event from these individuals which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received.

**ADDENDUM F [MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR RECOLLECTION]**

It is not conceivable that I received the benefit of a meal refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.



August 15 2005

U S Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue NW  
Room N-5616  
Washington, D C 20210

Re Form LM-30 Filing for DAVID S. CETHICH, Labor Organization File No

Dear Sir or Madam

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further the Department since that time has continued to issue and revise its compliance advice including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

ATTACHED -  
ADDENDUM, EEF